

# **EXHIBIT 13**

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DD: 01/14/2003 10:36

BAPTIST MEMORIAL HOSPITAL  
MEMPHIS, TENNESSEE

PATIENT

NAME: CHAPMAN, ROBERT  
ACCT#: E 0300200718  
DOCTOR: E. T. ROBBINS, M.D.  
ROOM#: 2423  
UNIT#: 0000437868

REPORT OF OPERATION

DATE OF PROCEDURE: 01/07/03

PREOPERATIVE DIAGNOSIS: Severe mitral regurgitation with post-endocarditis changes of the mitral valve.

POSTOPERATIVE DIAGNOSIS: Severe mitral regurgitation with post-endocarditis changes of the mitral valve.

OPERATIVE PROCEDURE: Mitral valve replacement using a #31 mm St. Jude mitral valve.

SURGEON: E. T. ROBBINS, M.D.

PROCEDURE: The patient was placed in the supine position and brought under general anesthesia. He then had the transesophageal echo probe placed. A thorough interrogation of the valve was then performed, and the patient was found to have a flail posterior leaflet, and at this point in time, attention was paid to possible repair of the valve. The patient then had his chest and lower extremities prepped and draped in a sterile manner.

At this time, the patient had routine opening of the sternum. The patient then had the sternum split in the midline. The patient then had the pericardium opened and tented up. Systemic heparinization was then performed. The patient then had cannulation of the ascending aorta, dual cannulation of the right atrium, and the patient then had the retrograde cardioplegia cannula placed. At this time, the patient was placed on cardiopulmonary bypass and cooled to 28 degrees.

At this time, the patient had cross-clamping of the ascending aorta. Cold blood cardioplegia was delivered to the coronary arteries. Excellent arrest of the heart was found at this time. Further epicardial cooling was performed using cold saline-pour.

At this time, the patient had the tapes placed across the inferior and superior vena cava, and the left atrium was then opened in a radial manner. Excellent visualization of the mitral valve was achieved. The patient was found to have endocarditic changes over both the leaflets of the valve, and there was found to be a tremendous amount of change in both of the leaflets of

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the valve secondary to the patient's Fen Phen ingestion previously.

At this time, it was decided that replacement of the valve would be the best situation, and the patient then had the valve completely excised with leaving the chorda on the posterior leaflet. At this time, the patient had the valve sized to a #31 mm St. Jude valve, and the patient then had mattress pledgeted 2-0 Ethibond stitches placed around the valve annulus, and these were then guided through the sewing ring of a #31 mm St. Jude valve. The valve was then implanted. The stitches were tied. Excellent excursion was seen of the valve leaflets.

At this point in time, the patient had the atrium closed in a two layered manner using 5-0 Prolene suture. Once this was completed, the patient had complete de-airing of the heart. Once this was completed, the patient had removal of the crossclamp with continued de-airing through a small aortotomy. Once this was completed, the aortotomy was closed, and the patient was weaned from cardiopulmonary bypass. At separation from cardiopulmonary bypass, the patient was hemodynamically stable.

At this time, the aortic and venous cannulas were removed. The cannulation sites were oversewn with 4-0 Prolene suture. Protamine Sulfate was given. Good clot was seen to form in the wound. All incisions were checked and found to be hemostatic. The patient had two right ventricular and two right atrial pacing wires placed, and these were brought out inferior to the wound, and three substernal chest tubes were placed and brought out inferior to the wound. At this time, the patient had routine closure of the sternum using heavy gauge stainless steel wire. Then, routine layered soft tissue closure was performed. Appropriate dressing was placed.

At this time, the patient was taken to the Cardiovascular Intensive Care Unit in satisfactory condition.

OPERATION PERFORMED: Mitral valve replacement using a #31 mm St. Jude mitral valve.

E. T. ROBBINS, M.D.  
2 REPORT OF OPERATION\*\*

Authenticated by E. T. Robbins, M.D. On 01-29-2003 at 7:19 am